ETO/PIB HOURS TRANSFER REQUEST

| Name | I.D. # | Department | |
|--|--|---|--|
| Employment Date | Current Accru | al(s): ETO | PIB |
| POLICY SUMMARY | | | |
| Transfer of accrued ETO/PIB hours for Member (a) has a medical emergen medical emergency, or (c) needs exeligible for receipt of ETO/PIB hours their need and to obtain their approximation. | cy, or (b) needs to tended time off fo s transfer. Such Te | care for a spouse, chollowing the loss of a | ild, or parent who experiences a spouse, child, or parent, may be |
| Team Members can only receive do hours donated and transferred to th spouse, child, or parent with a medica or parent. | e Team Member c | an only be used for the | eir medical leave, or to care for a |
| Qualified ETO hours are transferred and eight [8] hours deposited in recience ETO account at 50% (e.g., if the dono bank and four [4] hours is deposited | ipient's ETO bank) or donates eight [8] | qualified PIB hours ar hours of PIB, eight [8] | e transferred to the recipient's |
| TRANSFER OF ACCRUED HOURS | | | |
| Hours indicated below must be trans Members who wish to transfer hou should give this Form to their manag | rs must have at le | east six (6) months ser | vice. Upon completion, donors |
| Name and department of receiving | Team Member: | | |
| Number of ETO hours to transfer: REMARKS: | | Number of PIB hou | s to transfer: |
| Employag's signature | | Date | |
| Employee's signature Department Manager's signature | | | |
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